

CERTIFICATION OF COMPLIANCE

UTAH DEPARTMENT OF CORRECTIONS SEX OFFENDER OUTPATIENT TREATMENT PROVIDER PROFESSIONAL QUALIFICATIONS

As part of my application to the Utah Department of Corrections for approval as an outpatient sex offender treatment provider, I hereby certify that I have completely satisfied the following professional qualification requirements:

1. Within the three year period immediately preceding application for approval as a sex offender treatment provider, the applicant has at least 1500 hours of direct clinical experience in sex offender treatment (direct clinical experience means face-to-face contact with sex offender patients/clients, direct supervision, training, case coordination and research). Moreover, there must be at least 375 hours of sex offender evaluation experience.

Please detail compliance with the requirements contained in paragraph number one by specifically identifying the dates, location(s), and number of hours for each category of sex offender clinical experience. Attach records documenting compliance, where available.

Sex offender treatment experience (1500 hours)_____

Sex offender evaluation experience (375 hours)_____

2. Within three years immediately preceding application for approval as a sex offender treatment provider, the applicant has at least 40 hours of formal training through documented conferences, symposia, seminars or course work directly related to the evaluation and treatment of sex offenders. Said training may include behavioral/cognitive therapy methods, reconditioning and relapse prevention, use of

plethysmograph examinations (using audio stimuli only, no visual), use of polygraph examinations, group therapy, sexual dysfunction, victimology, couples and family therapy, risk assessment, sexual addiction, sexual deviancy, and ethics and professional standards. Thirty of these 40 hours must be sex offender treatment specific.

Please detail compliance with the requirements contained in paragraph number two by specifically identifying the date, sponsor, subject matter, location, and number of hours for each training session. Attach records documenting compliance, where available.

Training related to sex offender evaluation and treatment (40 hours)

Date	Hours	Subject	Instructor(s)

I hereby declare under the penalty of perjury that the information I have provided in this certification is true and correct, and that I have fully satisfied the sex offender treatment experience and training requirements outlined in paragraphs one and two, above.

DATED this ____ day of _____, of year _____.

Applicant's Signature

Applicant's Full Name (printed)

SUBSCRIBED AND SWORN to before me this ____ day of _____ of year _____.

NOTARY PUBLIC

Residing in:_____

My Commission expires:_____